

STATE OF NEVADA

BRIAN SANDOVAL
Governor

MICHAEL J. WILLDEN
Director



RICHARD WHITLEY, MS
Administrator

TRACEY D. GREEN, M.D.
State Health Officer

DEPARTMENT OF HUMAN RESOURCES
NEVADA STATE HEALTH DIVISION
Public Health and Clinical Services
Environmental Health

Please submit your fully completed Application **and Fees** by August 16, 2013 to:
NSHD EHS 475 West Haskell Street, Suite 38, Winnemucca, NV 89445
(Applications submitted late and/or without fees are null and void)



FOOD PERMIT APPLICATION FOR BURNING MAN



<u>This section for office use only:</u>	Permit Start Date: _____	Permit Number: _____
\$50.00 Check or MO Number: _____	Receipt Number: _____	
Date Permit Issued: _____	By: _____	Permit Pick-Up Letter Sent? ____ Date Sent: _____
Camp address: _____	Verified _____	Changed _____
Serving Dates: _____	Verified _____	Changed _____

INCOMPLETE OR ILLEGIBLE APPLICATIONS MAY BE DENIED
PLEASE TYPE OR PRINT CLEARLY

THIS APPLICATION MUST BE COMPLETED AND FEES PAID BY THE DATE SPECIFIED ABOVE OR IT
WILL NOT BE ISSUED - NO EXCEPTIONS

PLEASE MAKE CHECKS PAYABLE TO NSHD
YOUR FEE FOR VENDING FOOD AT BURNING MAN IS \$50.00
(PAYMENT OF \$50.00 IS DUE WITH YOUR APPLICATION)

WHAT IS THE NAME OF YOUR CAMP: _____

ARE YOU A REGISTERED THEME CAMP? _____

IF YES, WHAT IS THE NAME OF THE **THEME CAMP** (If different from above)? _____

LOCATION/ADDRESS OF YOUR CAMP: _____

(Please be as specific as possible, giving the street name on which you will be located and the two cross streets you will be located between, so we are able to find your camp. If you only know the letter of the street where you will be located that will suffice.)

NAME OF INDIVIDUAL APPLYING FOR THIS PERMIT (Applicant): _____

Applicants' Full Mailing Address Including City, State and Zip Code:

Applicants' Phone Numbers (Please include cell phone and home phone number): _____

Applicants' Email: _____

Alternate Email: _____

NAME OF PERSON IN CHARGE OF CAMP FOOD SERVICE (If different from applicant. If same as applicant indicate by "same as above."):

CONTACT INFORMATION FOR THE PERSON IN CHARGE (If different from applicant. If same as applicant indicate by "same as above."):

Full mailing address for the person in charge (If different from applicant. If same as applicant indicate by "same as above."):

Phone numbers for the person in charge (If different from applicant. If same as applicant indicate by "same as above." Please include cell phone and home phone number):

Email of the person in charge (If different from applicant. If same as applicant indicate by "same as above."):

SECONDARY CONTACT (**REQUIRED**): If you are unavailable, who can be contacted about the camp food operations?

Secondary Contact Person's name: _____

Secondary Contact Person's Phone number - Please include cell phone and home phone number :

Secondary Contact Person's Email: _____

Secondary contact full mailing address including city, state, and zip code:

BEFORE SETTING UP FOR FOOD SERVICE, YOU MUST CHECK IN AT PLAYA INFO TO RETREIVE YOUR OFFICIAL HEALTH PERMIT AND VERIFY THE LOCATION OF YOUR CAMP.

DATES YOU WILL BE SERVING FOOD: _____

HOURS YOU WILL BE SERVING FOOD (Specify for each date if different):

ANTICIPATED TIME OF SET-UP ON FIRST DAY OF OPERATION: _____

DESCRIBE THE DESIGN OF YOUR IN-BOOTH HANDWASHING STATION (REQUIRED):

PLEASE BE AWARE THAT YOU MUST ALSO SET UP A WASTE WATER BASIN TO COLLECT DIRTY WATER. SEE SELF-INSPECTION CHECKLIST FOR MORE DETAILS. YOU CANNOT DRAIN WATER ONTO THE PLAYA PER BURNING MAN AND BLM GUIDELINES AND LAWS.

SIGN TO SELF-ATTEST THAT YOU WILL HAVE THE HANDWASHING STATION FOR YOUR BOOTH SET UP PRIOR TO ANY FOOD HANDLING AND THAT YOU WILL REQUIRE WORKERS TO USE IT. IN ADDITION, PLEASE SIGN TO ATTEST THAT YOU WILL REQUIRE THE USE OF GLOVES OR OTHER UTENSILS TO ELIMINATE BARE HAND CONTACT WITH READY-TO-EAT FOOD AS REQUIRED:

I agree to the above terms and conditions. _____

Signature

Date

ARE YOU SERVING FOODS THAT WILL BE PREPARED OFF-SITE? Yes _____ No _____

IS THIS OFF-SITE LOCATION A PERMITTED FOOD ESTABLISHMENT? Yes _____ No _____

(Be advised that NAC Chapter 446 requires all food served to be prepared in a licensed food establishment. Be prepared to provide your inspector with a copy of the food establishment's current health permit as well as receipts showing that the food was purchased from a licensed food establishment.)

WHAT, IF ANY, FOODS ARE PREPARED OFF-SITE? LIST ALL OF THEM. _____

SPECIFY IN DETAIL WHERE OFF-SITE FOODS ARE COMING FROM, THE DATE AND TIME YOU WILL PICK UP THOSE FOODS AND THE METHOD OF MAINTAINING BOTH HOT AND COLD TEMPERATURES DURING TRANSPORTATION TO THE EVENT.

LIST ALL MENU ITEMS, INCLUDING BEVERAGES, YOU PLAN TO SERVE. ALSO DESCRIBE WHERE YOU WILL BE PURCHASING THE FOOD/INGREDIENTS, WHERE THE FOODS WILL BE PREPARED, AND THE EQUIPMENT YOU PLAN TO USE. (Attach additional pages if necessary).

(NOTE: ICE IS A FOOD. EQUIPMENT INCLUDES ANY ITEM USED TO HOLD, PREPARE OR SERVE FOOD, INCLUDING SERVING UTENSILS, CUPS, COOLERS, GRILLS, ETC.)

Food Item Being Served	Source Of Food	Off-Site Prep yes/no	Cooking Equipment On Site	Cold Holding Equipment On Site	Hot Holding Equipment On Site

REQUIRED EQUIPMENT: BY CHECKING NEXT TO THE LISTED PIECE OF REQUIRED EQUIPMENT, YOU ARE AGREEING TO PROVIDE THESE ITEMS AT YOUR BOOTH:

_____ STEM THERMOMETER	_____ SANITIZER (bleach)	_____ WIPING CLOTHS
_____ WIPING BUCKET (for sanitized cloths)	_____ 3 WASTE WATER BUCKETS	_____ SERVING UTENSILS
_____ SANITIZER TEST STRIPS (NSHD WILL NOT PROVIDE THESE FOR YOU)		_____ SOAP
_____ PAPER TOWELS FOR HAND DRYING	_____ 3 DISH WASHING BASINS	_____ TABLES (food prep)
_____ COOLING UNITS	_____ GLOVES (for <u>each</u> food handler)	
_____ HANDWASHING STATION		

IF YOU DO NOT PLAN ON BRINGING AND USING THE ABOVE EQUIPMENT, PLEASE JUSTIFY WHY YOU WILL NOT NEED THE SPECIFIC EQUIPMENT:

HOW WILL YOUR WASTE (TRASH AND WASTE WATER) BE HANDLED?

CAMP FOOD SERVICE OPERATOR RESPONSIBILITIES:

I UNDERSTAND THAT I AM RESPONSIBLE FOR COMPLYING WITH ALL APPLICABLE PROVISIONS OF NAC CHAPTER 446, FOOD AND DRINK ESTABLISHMENTS. I HAVE RECEIVED A COPY OF THE TEMPORARY FOOD ESTABLISHMENT SELF-INSPECTION SHEET AND AGREE TO COMPLETE THE SELF-INSPECTION SHEET AFTER MY FOOD SERVICE AREA IS SET UP ON THE PLAYA. I WILL RETAIN IT FOR MY INSPECTOR'S REVIEW. I UNDERSTAND THAT CRITICAL VIOLATIONS OF THE REQUIREMENTS OF NAC CHAPTER 446 MAY RESULT IN SUSPENSION OF MY PERMIT AND CLOSURE OF MY TEMPORARY FOOD ESTABLISHMENT. I UNDERSTAND THAT FAILURE TO FOLLOW THE MENU AS LISTED, PROPERLY EQUIP MY BOOTH AND HAVE MY BOOTH READY FOR INSPECTION, MAY RESULT IN CLOSURE. I UNDERSTAND THAT THESE CONDITIONS ARE IN FULL FORCE WHETHER HEALTH DIVISION STAFF INSPECTS MY BOOTH OR NOT. I UNDERSTAND THAT I AM RESPONSIBLE FOR PROTECTION OF THE PUBLIC HEALTH AND PREVENTION OF FOOD BORNE ILLNESS IN MY OPERATION OF THIS TEMPORARY FOOD BOOTH AT BURNING MAN.

SIGNATURE

DATE